Application or Docket Number

10/532355

| CLAIMS AS FILED - PART I  |  |   |   |  |                                       |                          |            | SMALL ENTITY        |   |            | OTHER THAN          |                        |
|---|--|---|---|--|---------------------------------------|--------------------------|------------|---------------------|---|------------|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   | (Colu   | (Column 1)                                       |                                       | (Column 2)               | 7          | TYPE                |   | OR<br>     | SMALL               | ENTITY                 |
|   |  |   |   |  |                                       |                          | ]          | RATE                | FEE                                     |            | RATE                | FEE                    |
| BA  | ASIC FEE   |   | SMALL ENT. = \$ 150   |  | IGE ENT. = \$ 300                     |                          | BASIC FEE  |                     | OR                                      | BASIC FEE  | 300                 |                        |
| EX  | AMINATION F  | (4) = \$5                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |  | other situations =<br>\$ 100 / \$ 200 |                          | EXAM. FEE  |                     | 1                                       | EXAM. FEE  |                     |                        |
| SE  | ARCH FEE   | ALL other o                               | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |  | other situations =<br>\$ 250 / \$ 500 |                          | SEARCH FEE |                     |   | SEARCH FEE | 200<br>400          |                        |
| FE  | E FOR EXTRA  | mi  | minus 100 =   |  | / 50 =                                | 1                        | X \$ 125 = |                     | 1                                       | X \$ 250 = | 7700                |                        |
| 10  | TAL CHARGEA  | 19 m                                      | minus 20 =  |  |                                       | 1                        | X \$ 25 =  |                     | OR                                      | X \$ 50 =  |                     |                        |
| INC   | EPENDENT C   | LAIMS                                     | 17  | minus 3 =  |                                       |                          | 1          | X \$ 100 =          |   | OR         | X \$ 200 =          | <del> </del>           |
| MU  | MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |  |                                       |                          | 1          | +\$ 180 =           |   | OR         | + \$ 360 =          |                        |
| • 1   | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |  |                                       |                          |            | TOTAL               |   | OR         | TOTAL               | 900                    |
|   |  |   |   |  |                                       |                          |            |                     |   |            |                     | 700                    |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |   |   |  |                                       |                          |            | SMALL ENTITY        |   |            | OTHER SMALL E       |                        |
|   |  | CLAIMS<br>REMAINING                       |   | HIGHE  | ST                                    |                          |            | ſ                   | ADDI-                                   | OR<br>I [  | OMALL E             |                        |
| AMENDMENT A   | ·  | AFTER<br>AMENDMENT                        | <u>.</u>  | PREVIO   | USLY                                  | PRESENT<br>EXTRA         |            | RATE                | TIONAL<br>FEE                           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **   |                                       | =                        |            | X \$ 25 =           | ·                                       | OR         | X \$ 50 =           |                        |
|   | Independent  | *   | Minus   | ***  |                                       | =                        |            | X \$ 100 =          |   | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA                             |   |   |  | LAIM                                  |                          |            | +\$ 180 =           |   | OR         | + \$ 360 =          |                        |
|   |  |   |   |  |                                       |                          |            |                     |   | OR         | TOTAL ADDIT.<br>FEE | **********             |
| (Column 4)  |  |   |   |  |                                       |                          |            |                     |   |            |                     |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | (Columi<br>HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>ISLY                      | (Column 3) PRESENT EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE                  | ſ          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus   | **   |                                       | Ξ.                       |            | X\$25=              |   | OR         | X \$ 50 =           |                        |
|   | Independent  | •   | Minus   | ***  |                                       | =                        | I          | X \$ 100 =          |   | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |  | AIM                                   |                          | ŀ          | + \$ 180 =          |   | OR -       | + \$ 360 =          |                        |
|   |  |   |   |  |                                       |                          | L          | TOTAL ADDIT.<br>FEE | *************************************** | OR I       | OTAL ADDIT.         |                        |
|   |  |   |   |  |                                       |                          |            | rec L               |   |            | FEE L               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |  |                                       |                          |            |                     |   |            |                     |                        |